



## THE TOWN OF ELSMERE

**11 Poplar Avenue – Elsmere, DE 19805**

**Phone: 302-998-2215**

**Fax: 302-998-9920**

### APPLICATION FOR BUSINESS LICENSE

Business Trade Name: \_\_\_\_\_

Business Corporate Name: \_\_\_\_\_

.....

Type of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other phone numbers you wish to provide: \_\_\_\_\_

Is the business located in the Town of Elsmere?    *Yes*    *No*  
If so, complete additional information on the back of this form

Amount Due:    *General Contractor \$150*                      *Sub-contractor \$125*                      *Other \$150*

- ❖ This application must be accompanied by a copy of any license required by either the State of Delaware or New Castle County, as well as, proof that he or she has valid business insurance.
- ❖ All licenses required hereunder shall be for the period of **November 1st** of one year to **October 31st** of the next ensuing year.

**In accordance with Ordinance 475 licensing fees are doubled if the applicant conducts business prior to obtaining license.**

*"I declare under penalty of making a false certificate that this return is made by me, that I am authorized to make such return and that to the best of my knowledge it is a true, correct and complete return, made in good faith for the years stated pursuant to the provisions of the License Code of the Town of Elsmere"*

*"I further acknowledge that I am aware that the Town of Elsmere is its own municipality and in addition to any Federal, State or County Laws it has its own laws, rules and regulations which I am responsible to check either by the Town of Elsmere website at [elsmere.delaware.gov](http://elsmere.delaware.gov) or by speaking with a Code Enforcement Officer to ensure my compliance."*

**License application must be signed by the Business owner or authorized agent.**

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

.....

**Additional requirements on rear for businesses located in the Town of Elsmere**

**Complete this section if your business is located in the Town of Elsmere**  
**This is required before your license will be granted.**

Is the building or premises in which the business is located:

Owned

Leased

Rented

➤ If not owned by you, who is the owner of the property?

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In accordance with the licensing provisions of *Chapter 131 Section 8 of The Town of Elsmere Code*, please list below, if applicable, the names, addresses and telephone numbers of any and all wholesalers delivering goods to your business. Not applicable for goods delivered by common carrier. **Please use a separate sheet of paper if additional space is needed.**

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

.....

**This section is for Official Use Only**

Amount Paid: \$\_\_\_\_\_ Penalties: \$\_\_\_\_\_ Total: \$\_\_\_\_\_

Method of Payment: *Cash* *Check* \_\_\_\_\_ Date Received: \_\_\_\_\_ By: \_\_\_\_\_

***Approved***      ***Denied***      ***Reason for Denial:*** \_\_\_\_\_

***Code Official:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_ ***Lic. No. Issued:*** \_\_\_\_\_

***Customer ID:*** \_\_\_\_\_